

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 52
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 19 / 2014</div> </div>	
Mailing Address 20679 Glenbrook Terrace		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.00</div>	
City Sterling	State VA		
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : a34ce1c1-22fd-4b72-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 19 / 2014</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">290687.03</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 19 / 2014</div> </div>	
Mailing Address 4106 Martha St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City Shreveport	State LA		
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : 817f5da6-f8a8-4dc5-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 19 / 2014</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">290687.03</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">95.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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11 / 21 / 2014

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 4106 Martha St		Amount 8.40	
City Shreveport	State LA	Zip Code 71109	Transaction ID : dd400484-a9c8-41ed-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 100.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : b8d973e8-5e6d-49a0-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	108.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 10.50	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 2a6d7fa0-58dc-42e4-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address PO Box 619616 MD 5675		Amount 244.20	
City DW Airport	State TX	Zip Code 75261	Transaction ID : eba8fb66-cc8e-47b5-a
Purpose of Expenditure Travel	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 257216.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	254.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Orbitz			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014		
Mailing Address 500 W Madison 1000			Amount 544.70		
City Chicago	State IL	Zip Code 60661	Transaction ID : e9b56cf7-f8cc-4a91-9		
Purpose of Expenditure Travel		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014		
Name of Federal Candidate Mr. Greg Orman			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Orbitz			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014		
Mailing Address 500 W Madison 1000			Amount 544.70		
City Chicago	State IL	Zip Code 60661	Transaction ID : 0e2a29e5-63f1-49e6-b		
Purpose of Expenditure Travel		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014		
Name of Federal Candidate Mr. Greg Orman			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1089.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee Delta		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address PO Box 20706		Amount 789.20	
City Atlanta	State GA	Zip Code 30320	Transaction ID : 266938ad-e29b-4c06-a
Purpose of Expenditure Travel	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 257216.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee United Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address PO Box 66100		Amount 598.20	
City Chicago	State IL	Zip Code 60666	Transaction ID : ca43f31e-22a0-457c-a
Purpose of Expenditure Travel	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 257216.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1387.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee United Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address PO Box 66100		Amount 155.10	
City Chicago	State IL	Zip Code 60666	Transaction ID : 6e0423e0-5600-4bc1-b
Purpose of Expenditure Travel	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 257216.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Enterprise		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 600 Corporate Park Dr		Amount 3759.80	
City St Louis	State MO	Zip Code 63105	Transaction ID : 89318e7c-dd5c-4a2d-9
Purpose of Expenditure Travel	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 257216.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3914.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Enterprise		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 600 Corporate Park Dr		Amount 3615.41	
City St Louis	State MO	Zip Code 63105	Transaction ID : 5f6bbd71-9095-4f4f-b
Purpose of Expenditure Travel	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Krista J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 41176 Bertville Rd		Amount 25.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 2fc10540-1ba3-4328-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3640.41
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Krista J Smith		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 19 / 2014</div> </div>	
Mailing Address 41176 Bertville Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.74</div>	
City Gonzales	State LA		
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Transaction ID : 089319d2-60ee-402f-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 19 / 2014</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">290687.03</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 19 / 2014</div> </div>	
Mailing Address 205 Medallion Circle		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City Shreveport	State LA		
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : 6df38875-9e93-462e-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 19 / 2014</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">290687.03</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">44.74</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 205 Medallion Circle		Amount 50.10	
City Shreveport	State LA	Zip Code 71119	Transaction ID : e430e533-4c15-402b-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 2565 Shire Circle		Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : bdada3ea-3990-4889-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	70.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 35.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 729b1b0a-bf63-4205-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 6.90	
City West Monro	State LA	Zip Code 71291	Transaction ID : 498afd91-03ec-49a0-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	41.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Bobbie M Steinsolt		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 3009 Skelly St		Amount 10.00	
City Shreveport	State LA	Zip Code 71107	Transaction ID : ab7d65ae-b8cf-4017-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jenny N Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 1270 Lovelady Rd		Amount 40.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : b383f66c-b0d7-4483-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 19 / 2014</div> </div>		
Mailing Address 1270 Lovelady Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.50</div>		
City West Monroe	State LA	Zip Code 71292	Transaction ID : 0edf8571-c04c-496f-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 19 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">290687.03</div>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Maegan E McDaniel			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 19 / 2014</div> </div>		
Mailing Address 3009 Skelly St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.00</div>		
City Shreveport	State LA	Zip Code 71107	Transaction ID : ebd190dc-e962-4698-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 19 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">290687.03</div>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">17.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Maegan E McDaniel		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 3009 Skelly St		Amount 3.90	
City Shreveport	State LA	Zip Code 71107	Transaction ID : 3cdc6158-9566-4569-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Susan K Hamby		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 202 Violet St		Amount 20.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : dd54fe30-5945-46c6-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	23.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Susan K Hamby			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014		
Mailing Address 202 Violet St			Amount 0.45		
City West Monroe	State LA	Zip Code 71292	Transaction ID : 9fbcea36-8908-4f1f-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 290687.03			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 40.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : b2b57eb9-962f-400d-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 290687.03			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40.45
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 5.70	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 123d9114-d263-446e-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address Split Oak Drive		Amount 81.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : 98afe913-8017-4ba1-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	87.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address Split Oak Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23.61</div>	
City charlotte	State NC	Zip Code 28227	Transaction ID : 1fb7e4ab-76f9-4156-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">290687.03</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 2506 Bolch Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e84da8b8-8e90-4054-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">290687.03</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">63.61</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 2506 Bolch Street		Amount 17.10	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 18789041-d721-439e-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 9685 Paula St		Amount 95.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 0f36fd53-84ea-4f34-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	112.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014	
Mailing Address 9685 Paula St		Amount 16.80	
City Keithville	State LA	Zip Code 71047	Transaction ID : 270cf308-d310-4b16-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Office Sought: <input type="checkbox"/> House District: 00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Beau Autin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014	
Mailing Address 345 Auroura Ave		Amount 35.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : b007ffe1-6fd9-41b2-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Office Sought: <input type="checkbox"/> House District: 00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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11 / 21 / 2014

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NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Beau Autin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 345 Auroura Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.11</div>	
City Metairie	State LA	Zip Code 70006	Transaction ID : 40c361d0-4d19-4ab3-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">290687.03</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 605 W Houston St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City Marshall	State TX	Zip Code 75633	Transaction ID : c59f4a75-641c-4bdb-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">290687.03</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">81.11</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 605 W Houston St		Amount 50.40	
City Marshall	State TX	Zip Code 75633	Transaction ID : 562be618-689d-4235-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 80.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : b9b51457-7230-46b3-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	130.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 7.50	
City Shreveport	State LA	Zip Code 71101	Transaction ID : a8885d64-6917-455d-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 9685 Paula St		Amount 100.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : c38de1d4-a481-44c5-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	107.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 9685 Paula St		Amount 26.10	
City Keithville	State LA	Zip Code 71047	Transaction ID : aa138cf9-bce1-4de9-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Ana L Esquivel		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 284 Cr 1401		Amount 60.00	
City Carthage	State TX	Zip Code 75633	Transaction ID : d1439af9-3af3-42f9-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Hilary Townsend		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 4506 US Hwy 79 North		Amount 60.00
City Deberry	State TX	Zip Code 75639
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 9d9b85e3-ce40-4a54-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 9685 Paula St		Amount 110.00
City Keithville	State LA	Zip Code 71047
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 394d6fd7-c309-4558-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	170.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 9685 Paula St		Amount 49.80	
City Keithville	State LA	Zip Code 71047	Transaction ID : 618762ab-442f-4288-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Taylor De Julian-Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 284 Cr 1401		Amount 60.00	
City Carthage	State TX	Zip Code 75633	Transaction ID : 73ed2f8f-747f-40be-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	109.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Taylor De Julian-Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 284 Cr 1401		Amount 43.80	
City Carthage	State TX	Zip Code 75633	Transaction ID : 878cf3ab-883f-4c63-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 2305 Cleary Ave		Amount 20.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 1b5e6121-4878-40ec-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	63.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014		
Mailing Address 2305 Cleary Ave			Amount 1.20		
City Metairie	State LA	Zip Code 70001	Transaction ID : ec41b26f-f85a-4864-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 290687.03			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014		
Mailing Address 9425 Jessica Drive			Amount 47.50		
City Shreveport	State LA	Zip Code 71106	Transaction ID : d5c66a2f-f1c2-45ec-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 290687.03			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	48.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 9425 Jessica Drive		Amount 9.60	
City Shreveport	State LA	Zip Code 71106	Transaction ID : b972a626-18f1-41b6-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 2565 Shire Circle		Amount 35.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : ed77a3aa-bced-43c1-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	44.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Donavon Fusilier		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">11 / 19 / 2014</div>	
Mailing Address 155 Chauffpied Elmer Rd Lot 19		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div>	
City Marksville	State LA	Zip Code 71351	Transaction ID : c207162c-5d25-4a1d-a Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">11 / 19 / 2014</div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">290687.03</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee Donavon Fusilier		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">11 / 19 / 2014</div>	
Mailing Address 155 Chauffpied Elmer Rd Lot 19		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8.43</div>	
City Marksville	State LA	Zip Code 71351	Transaction ID : e10ad50a-534c-4dc5-8 Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">11 / 19 / 2014</div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">290687.03</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px;">33.43</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px;"></div>

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 80.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : 0fe95509-9b07-4698-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 44.40	
City Picayune	State MS	Zip Code 39466	Transaction ID : e0935820-8366-4d6c-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	124.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 4106 Martha St		Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : f122f11c-b704-475c-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 4106 Martha St		Amount 11.10	
City Shreveport	State LA	Zip Code 71109	Transaction ID : ac257667-c0ae-4b86-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	91.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 924 N. Prieur St		Amount 80.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : ba4be977-1dcd-4fbb-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 924 N. Prieur St		Amount 15.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 838f5939-0487-43ba-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 8822 Apple St		Amount 60.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 4216b134-1bcd-42f9-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 8822 Apple St		Amount 12.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 8959188d-a144-45be-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	72.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 8822 Apple St		Amount 60.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : bd0b2b5f-4866-496c-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 8822 Apple St		Amount 12.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : e854d49f-1bac-42bf-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	72.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cynthia N Schmit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 2226 Taft Circle Apt 1		Amount 30.00	
City Winchester	State VA	Zip Code 22601	Transaction ID : c7b4691a-e052-45a6-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 30.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6c8f7265-1930-4a4c-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 17.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 5a30d74a-e00e-4ccd-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 211 Dixie Ave		Amount 55.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 3c275085-f806-47ba-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	72.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Stephanie L Heun		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 8026 S Wilwood Dr Apt 101		Amount 10.00	
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 56d7167a-463d-46ca-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 67.50	
City Carriere	State MS	Zip Code 39426	Transaction ID : 7e59fc97-f9ea-4a89-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	77.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 41.40	
City Carriere	State MS	Zip Code 39426	Transaction ID : aeb04024-3876-4c4c-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 1110 N Coolidge		Amount 70.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : a157c676-151e-4250-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		290687.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	111.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 1110 N Coolidge		Amount 21.09	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 5de2c40e-3e08-4a77-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 70.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : c6f4cf20-6e4f-4ccd-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	91.09
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 21.09	
City Gonzales	State LA	Zip Code 70737	Transaction ID : c170c421-928e-40d4-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 35.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 10dbc516-2281-48d8-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	56.09
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 629 Radiance Ave		Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 03f1cad7-95d1-4e43-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 629 Radiance Ave		Amount 3.60	
City Metairie	State LA	Zip Code 70001	Transaction ID : 7ad054a1-fbc5-4431-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 7144 South River Rd		Amount 60.00	
City Addis	State LA	Zip Code 70710	Transaction ID : 17ed1cad-8a3e-4fb1-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 7144 South River Rd		Amount 6.30	
City Addis	State LA	Zip Code 70710	Transaction ID : 812c6e23-067d-48e9-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	66.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 1103 West Wilson Street		Amount 75.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 3279104b-d3ae-449a-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 1103 West Wilson Street		Amount 22.20	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e6aa84f9-1aaa-496b-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	97.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 6718 Lake Willow Dr		Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 6b4f4f6e-b73e-411d-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 6718 Lake Willow Dr		Amount 12.60	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 8aed296e-206b-4fe9-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	92.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 543752fd-941d-4503-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 12941d59-e7bd-4e08-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY / /

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 100 Asbury Ct		Amount 70.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 6c4cd450-f739-44c6-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 100 Asbury Ct		Amount 70.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 3e7df017-a353-4192-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 25a14d1c-b02a-4766-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c976a732-f212-4e60-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 110 W Pecan St		Amount 32.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 7cd8ce74-0e89-4293-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 827 Navavre Ave		Amount 85.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 1417964c-0938-4c11-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	117.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 827 Navavre Ave		Amount 9.90	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 46e311dc-edbd-4c75-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 121 Ohara Dr		Amount 94.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 0b269fbb-958e-4023-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	103.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 121 Ohara Dr		Amount 61.80	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 89c861db-63b3-455a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2014	
Mailing Address 7144 South River Rd		Amount 60.00	
City Addis	State LA	Zip Code 70710	Transaction ID : b246c241-9363-4d19-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	121.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2014	
Mailing Address 7144 South River Rd		Amount 6.90	
City Addis	State LA	Zip Code 70710	Transaction ID : ea94033a-e234-4055-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2014	
Mailing Address 2517 N 47th St		Amount 15.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : db438013-18a2-44ae-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 21 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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FOR SE OF FORM 24/48	

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014	
Mailing Address 629 Radiance Ave		Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 5f21a2a1-dd87-4534-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014	
Mailing Address 629 Radiance Ave		Amount 3.60	
City Metairie	State LA	Zip Code 70001	Transaction ID : 429e1cbe-9c7c-436b-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 52 OF 52
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014	
Mailing Address 6101 NORA ST		Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 493b48af-8740-4563-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014	
Mailing Address 6101 NORA ST		Amount 1.50	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : a2c10a53-e38c-456f-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 290687.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	71.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	14151.43

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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